

CAREGIVER COURT INFORMATION FORM

Child:	Legal Case Number (if known):
D.O.B:	Hearing Date:

To the Foster Parent or Relative/Kinship Caregiver of the child: You have the right to be present at hearings and you are encouraged to attend. You also have a right to be heard at review and permanency hearings. You may appear and provide information verbally. You may also submit written information to the court. Any information you provide may or may not be admitted into evidence. If the information is not admitted, the Judge will not see it. All parties to the case will have access to the information you provide. You may be called to testify. Provide only factual information of which you have *first-hand* knowledge. **You do not have to complete every item on the form.** You are not required to provide written information to the court. If you decide to complete the form, please type or print clearly in ink and submit the form two weeks in advance of the hearing to the Juvenile Office where the hearing will take place.
Social Security Act section 438(b)(1), 475(5)(G), 42 U.S.C. 629g(b)(1), 675(5)(G), 211.171 RSMo, 211.464 RSMo, 210.566 RSMo

1. Child's Name: _____
Age: _____

2. Name of Caregiver: _____

Type of Caregiver: Foster Parent ☐
Relative/Kinship ☐
Other (specify): _____

3. The child has been living in my home for _____ years and _____ months.

Current picture of child if available

Name of Caregiver:	Legal Case Number:
Name of Child:	

4. List Child's Medical or Dental Appointments which were significant:

Date	Type of Appt	Medical Provider	Diagnosis	Medications	Required Follow-up (yes or no)
<i>Example: 12/5/07</i>	<i>Example: Medical-Ear</i>	<i>Example: Dr. Jones</i>	<i>Example: Ear infection</i>	<i>Example: Amoxicillin</i>	<i>Example: Yes-may need tubes</i>

5. List Child's Mental Health Appointments which were significant:

Date	Type of Appt	Medical Provider	Diagnosis	Medications	Required Follow-up (yes or no)

6. Child's Significant Behavior

Date/Time	Description of Behavior
<i>Example: 11/28/07- 5:30 p.m.</i>	<i>Example: David threw a chair, went to his room, locked the door and would not speak to anyone for the rest of the evening.</i>

Name of Caregiver:	Legal Case Number:
Name of Child:	

7. Current status of the Child's Education

Grade in School _____

Name of School _____

The child: ☐ has changed schools since the last hearing
 ☐ has changed schools _____ times
 ☐ has not changed schools since the last hearing

The child: ☐ has received a report card since the last hearing
 ☐ has not received a report card since the last hearing

(NOTE: Please attach a copy of the report card if available.)

The child: ☐ is a special education student
 ☐ is not a special education student

Date of the last Individual Education Plan (IEP) if applicable: _____

Did you attend? ☐ Yes
 ☐ No

7.a. Tutoring/Special services not covered by an IEP and/or Educational Achievements:

Date	Tutoring/Special Service	Special Recognition
<i>Example: 10/13/07</i>		<i>Example: David was selected for Spelling Bee</i>

8. Older Youth Issues (For children 14 and older)

The Ansell-Casey Life Skills Assessment: ☐ has been completed in past year
 ☐ has not been completed

The child is in need of the following life skills: _____

Name of Caregiver:	Legal Case Number:
Name of Child:	

8a. Educational/Vocational/Post-Secondary Interest:

9. Child's Extra Curricular Activities/Special Interests (i.e. Athletic, Fine Arts, Other):

10. List Child's Strengths/Talents (not previously identified):

11. List any services the child needs which they are not receiving:

Name of Caregiver:	Legal Case Number:
Name of Child:	

NOTE: List those visits for which you have personal knowledge:

12. The Caseworker has visited the child:

Month	Dates	Place (face to face)	Phone Contact
<i>Example: November, 2007</i>	<i>Example: 11/3;11/17;11/22</i>	<i>Example: Foster Home &McDonalds</i>	<i>Example: 11/16</i>

13. The Caseworker has visited with Foster Parent:

Month	Dates	Place (face to face)	Phone Contact
<i>Example: November, 2007</i>	<i>Example: 11/3; 11/22</i>	<i>Example: Foster Home</i>	<i>Example: 11/28-Called to discuss incident described on Pg.2</i>

14. GAL has visited the child:

Month	Dates	Place (face to face)	Phone Contact

15. CASA volunteer has visited the child:

Check here if there is no CASA volunteer assigned to this case: _____

Month	Dates	Place (face to face)	Phone Contact

Name of Caregiver:	Legal Case Number:
Name of Child:	

16. Visitation which the caregiver is supervising:

Month	Dates	Individual(s) the child is visiting
<i>Example: December, 2007</i>	<i>Example: 12/1</i>	<i>Example: Shirley Davis, Mother</i>

17. Family Support Team Meetings:

Date	Indicate yes or no if you attended	Date	Indicate yes or no if you attended
<i>Example: 11/7/07</i>	<i>Example: No- had to work</i>		

Date: _____

(Type or print name)

(Signature of Caregiver Completing Form)

Please feel free to use the back if enough space was not provided.